

EXHIBIT B

DESIGNATION OF PERSONS AUTHORIZED WITH REGARD TO FEDERAL HOME LOAN BANK OF BOSTON CORRESPONDENT SERVICES - DEPOSITS

To the Federal Home Loan Bank of Boston (hereinafter the "Bank").

I, **#1. 1. Individual listed on the Secretary/Clerks Certificate**, certify that I am **#2. 2. Individual's title listed on the Secretary/Clerks Certificate** of
(Name) (Title)

#3. 3. Name of institution, **#4. 4. Docket number of institution**
(Member) (Docket #)

#5. 5. Location of institution, (hereinafter, "Member") and I declare as follows:
(City) (State)

#6. 6. Board meeting date per the Secretary/Clerks Certificate

Pursuant to the authority delegated to me by resolution of the Board of Directors of Member dated _____, I hereby designate the following officers or employees of Member as the persons authorized to act on behalf of Member with regard to Member's access to, and use of:

Deposit Account Services to the extent indicated in the Table of Authorizations below:

<u>TABLE OF AUTHORIZATIONS</u>				
<u>Name:</u>	<u>Title:</u>	<u>Telephone:</u> <u>E-mail:</u>	<u>Check all authorization boxes that apply</u>	
			<u>Access to Information</u>	<u>Issue/Approve Instructions</u>
#7. 7. List all current and new individuals authorized to access information, create and approve instructions. Note; This form supersedes all others.			Offline <input type="checkbox"/>	Offline <input type="checkbox"/>
			Online <input type="checkbox"/>	Online <input type="checkbox"/>
			Offline <input type="checkbox"/>	Offline <input type="checkbox"/>
			Online <input type="checkbox"/>	Online <input type="checkbox"/>
			Offline <input type="checkbox"/>	Offline <input type="checkbox"/>
			Online <input type="checkbox"/>	Online <input type="checkbox"/>
			Offline <input type="checkbox"/>	Offline <input type="checkbox"/>
			Online <input type="checkbox"/>	Online <input type="checkbox"/>
			Offline <input type="checkbox"/>	Offline <input type="checkbox"/>
			Online <input type="checkbox"/>	Online <input type="checkbox"/>

THIS DOCUMENT DOES NOT LIMIT OR PERTAIN TO WHO MAY AUTHORIZE CHECKS.

Please complete both sides of this document

Online Services Primary Contact Designation:

Street Address _____ #8. **8. List the primary contact for these functions.** _____
Primary Contact Name and Title: _____
Telephone Number: _____
E-Mail: _____
Facsimile Telephone #: _____

For purposes of this Designation, the following definitions shall apply:

“**Online**” means the conduct of the relevant activity via the Bank’s Internet Portal Services.

“**Offline**” means the conduct of the relevant activity via all other means permitted by the Bank, including in writing or via facsimile, telephone or wire.

“**Access to Information**” means the authority to access all information relevant to Member use of the Bank’s services, including reports and transaction information.

“**Issue/Approve Instructions**” means the authority to simultaneously instruct, approve and authenticate instructions between member internal accounts.

All other terms shall be defined as indicated on the Correspondent Services Agreement in effect between the Bank and Member, to the extent defined therein.

This Designation can be revoked or amended only through the valid execution of a replacement Designation submitted by Member and accepted by the Bank. The submission and acceptance of a replacement Designation shall result in a total revocation of this Designation.

Dated: _____ #9. **9. Individual referenced on page 1 that delegated the authorized individuals.**

By: _____
(Signature)

(Printed Name)

(Title)